



CÚRAM SLÁINTE POBAIL
CORCAIGH CIARRAI
CORK KERRY
COMMUNITY HEALTHCARE

Oifig na Seirbhísí Sláinte Meabhrach | Cúram Sláinte Pobail Corcaigh & Ciarraí
Feidhmeannacht na Seirbhíse Sláinte
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2nd February 2022

Deputy Neasa Hourigan,
Dáil Éireann,
Dublin 2,

PQ ref 1410/22

“To ask the Minister for Health the reasons Carrigaline, County Cork was chosen as a site for a new community mental health residence in 2021 by Cork, Kerry mental health management over other towns such as Cobh, Carrigtwohill, Midleton or Yougal; the way this can be reconciled with a claim by an executive clinical director made at a recent meeting of the Oireachtas Committee on Health that the Owenacurra Centre, Midleton will not be replaced due to declining numbers of service users in County Cork requiring 24-hour staffed residential provision; and if he will make a statement on the matter”.

Dear Deputy Hourigan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response.

The Corporate Plan defines specific action that will be taken to build primary and community services to help care for people at home, especially older people and people with chronic conditions. It also supports the provision of integrated care at a local level where possible, including the expansion of community diagnostics. The plan aims to progress the implementation of the new mental health policy *‘Sharing the Vision’* by reducing the numbers in institutional settings and providing more appropriate community-based accommodation.

The service requested the HSE Estates Department to source additional stock for community living in the context of issues with the quality of the existing stock available. HSE Estates conducted a search of properties in Cork which identified one location which it deemed suitable for the service needs. The service pursued this option and the premises in Carrigaline was purchased.

The Model of Care for People with Severe and Enduring Mental Illness and Complex Needs (O’Hanlon et al, 2019) outlines that different types of accommodation that may meet the needs of individuals with severe and enduring mental illness.

These include:

- **A Specialised Rehabilitation Unit** which is designed as an inpatient approved centre. It provides 24-hour nursing care. Its primary focus is active medium-term rehabilitation. Service user progressing across levels of care is its primary goal with the expected length of



stay being 1 to 3 years (Killaspy et al. 2012). There is currently 2 SRU's funded in Ireland, both are based in Dublin; Bloomfield and Highfield Healthcare Centre's.

- **Community Rehabilitation Residences** which are organised around a "High Support Hostel" model of care. These residences are primarily geared towards active rehabilitation and recovery. They will be part of the service user's accommodation pathway with an active focus on assisting service user's transition to independent community living.
- **Independent Community Accommodation:** Independent community accommodation includes services users living in or returning to live in the family home, through tenancies in the private rented sector or social housing tenancies provided by the Local Authorities and Voluntary Housing Bodies. While, the statutory responsibility for social housing lies with the relevant Local Authority, mental health services must work in close cooperation with relevant housing bodies to ensure that people with complex needs can access independent accommodation.
- **Long-term Supported Housing :** Long-term supported housing options may be available through the Local Authorities and various housing associations which provide varying degrees of onsite staff support in a non-mental health setting. In these circumstances, to support their mental health needs, service users would continue to receive visiting mental health support from the rehabilitation and recovery services.
- **Specialised Accommodation (Continuing Care)** Options for service users, who require on-going, long-term care outside the provision and resources of the rehabilitation and recovery services, may include Nursing Home Care, Continuing Care Placements and specialised out-of-area placements.

Lavelle et al., (2007) in the document "*How to set up rehabilitation and recovery services in Ireland*" stated that the majority of new service users with severe mental illness will not require community residential facilities, but will need varying degrees of support to live in individualised, independent accommodation. Lavelle et al., (2007) also stated that the need for 24-hour-staffed residences will decrease once the cohort of former long stay hospital service users has been catered for.

Glenwood House will offer a high support hostel model of care and will focus on rehabilitation and recovery and assist individuals to achieve further independence and acquire skills. This will be part of the service user's accommodation pathway with an active focus on assisting service user's transition to independent community living and therefore a decreased requirement for continuing care residences.

I trust the above clarifies the queries raised.

Kind Regards,



Kevin Morrison,
A/Head of Mental Health Services
Cork Kerry Community Healthcare